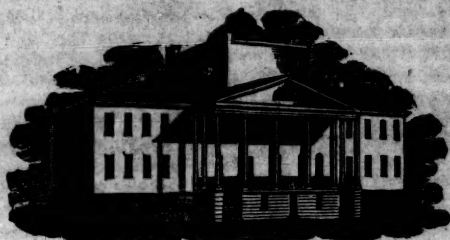


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MASSACHUSETTS GENERAL HOSPITAL.

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I.

*Reply to Dr. Chandler Robbins on  
the subject of Re-vaccination.*

By GEO. HAYWARD, M.D.

THE remarks of Dr. Robbins, in reply to my observations on his paper on re-vaccination, seem to call for some notice from me, lest my silence should be construed into an acquiescence in the correctness of his views. I fear the discussion will be tiresome, if not unprofitable, to the readers of the Journal, but I shall not willingly protract it beyond the present number.

Dr. R. has (unintentionally no doubt) misstated me in more than one instance, and throughout his article has assumed an air of triumph that is hardly warranted in this stage of the controversy. "Let not him that girdeth on his harness boast himself as he that putteth it off."

I objected to his proposition for general re-vaccination, 1st. Because it was calculated to "unset-

tle the public mind with regard to the preventive power of" cowpox. Dr. R. thinks that it is calculated to produce an opposite effect. Let us suppose, then, that all the physicians of Boston were to become converts to this theory of the necessity of re-vaccination, and should come forward and with great unanimity recommend the measure for the adoption of their fellow citizens, telling them that though they had been for the last twenty-eight years perfectly protected from smallpox by cowpox, still that they were not safe without resorting to re-vaccination. Would not this produce alarm in the community, and unsettle the public mind with regard to the preventive power of cowpox? If it would not, I am to learn what would; and yet this is the very measure that Dr. R. recommends.

2dly. I objected to this plan of re-vaccination, because "there would be no end to it." For if

the second vaccination took, it would be no proof, according to this theory, that the third or some subsequent one would not take, but merely that the susceptibility was not before exhausted; and if it did not take the second, third, or any other time, we could not be positive that something might not have occurred at the time of the operation, that prevented the communication of the disease. "The fallacy of this objection," says Dr. R. "it is unnecessary for me to show." This is a very easy mode of getting over an objection, but by no means a satisfactory one, and I should be glad to have the fallacy pointed out, for I must confess I am unable to discover it.

Sdly. I objected to this plan, because there was not evidence of a sufficient number of cases of successful vaccination after the patient had once had the genuine cowpox, to render such a measure necessary. I stated that I had re-vaccinated forty persons during the last winter, without communicating the disease to one of them. Dr. R., in noticing this statement, does me great injustice when he speaks of this number as being my "whole experience" on the subject. There is nothing in my paper to warrant an opinion of that kind; on the contrary, it is distinctly stated to have been the experience of a few months only, and the cases were brought forward because they were fresh in my mind, and I had a memorandum of them by me. During the period that I have been engaged in business, now nearly fourteen years, I have annually vaccinated several who have previously undergone the disease, and have never, in a single instance, com-

municated the cowpox to one, who, there was reason to suppose, had had the genuine disease before. In addition to this, I take great pleasure in publishing the following note from my friend Dr. John Randall, whose extensive practice renders his experience of great value.

Dr HAYWARD.

Dear Sir,—I send you the following statement in answer to your inquiries on the subject of vaccination. From the year 1803 to 1815 I was pretty largely engaged in vaccination, but kept no regular account of my cases. I recollect, however, to have tested many of those cases by re-vaccination, but do not remember a perfect vesicle in any of them, when I had supposed the previous disease genuine. Since 1815 I have vaccinated less frequently than before, but have endeavored to keep an accurate register of my cases. The whole number since that time is 774. 79 of these cases were such as I considered bad; or they were the cases of transient persons, whom I did not see after the operations, and therefore know nothing of their results; 695 I considered genuine cases, having all the characteristics of the perfect disease. Several of these cases I have at different times re-vaccinated, without producing in any of them a perfect vesicle. Since the preventive powers of kinetopox became questionable in regard to itself as well as smallpox, I have selected out of the above number of 695, 26 individuals, whom, as I have stated above, I considered as having had the perfect disease. Each of these persons I re-vaccinated with fresh vaccine matter.

Each puncture began to inflame within the first 24 hours, and they were followed by little angry sores; but disappeared by the fourth or fifth day. I was myself vaccinated twenty-five years ago this month, and had two good vesicles; have been twice inoculated since with the smallpox, remaining in a smallpox hospital three weeks, constantly exposed to the variolous influence. I had a little sore in my arm at each inoculation, but no symptoms. I have since that time visited eleven persons having the smallpox the natural way, one of whom I attended three days, and visited him from three to four times a day. I have been occasionally exposed to other persons having the smallpox, but have experienced no trouble from my exposures. These different exposures, having taken place at different periods of time and under various circumstances, will be considered perhaps as furnishing good tests of the genuineness of my vaccination. I have also vaccinated myself at five different times since my first vaccination, but have had nothing like a perfect vesicle on any of these occasions. My book is at the service of any gentleman who will take the trouble to inspect it.

Until the doubts which have been lately raised in regard to cowpox, I had supposed that a person could have the perfect disorder but once; and although I do not pretend to decide the question, nothing has, as yet, occurred in my own practice, to alter my early opinions.

I am, dear Sir,  
sincerely yours,  
JOHN RANDALL.

May 28th, 1828.

4thly. I objected to the plan of re-vaccination even if it were found true that some persons will have a genuine vaccine vesicle, who have before had the cowpox; for there is in my opinion strong reasons for believing that the vesicle is a local affection; that it may exist when there is no constitutional affection, and that the affection of the constitution is consequent to the formation of the vesicle. I believe also that a vesicle may have existed, and yet the system may not be protected against smallpox or cowpox; and a vesicle may sometimes be formed, on the introduction of the vaccine virus, in those persons who have had the smallpox or the cowpox. But I shall say more on this subject hereafter.

I cannot discover, in examining Dr. R.'s reply, that he has removed one of these objections. Instead of opposing them by fact and argument, he has suffered himself to wander into digressions, which appear to me to be irrelevant, and only calculated to make the reader lose sight of the question under discussion. Does he believe, because he quieted the fears of some boarding-school misses by assuring them that "a second vaccination would prove, in all probability, a perfect security against" smallpox, that the intelligent part of the community will not require something more, or that a fact of this kind can have the slightest bearing on the subject which we are discussing? I would not do him the injustice for a moment to suppose he thinks so.

But I forbear pressing this point further; enough, I trust, has been said to show that the objections which I made to re-vaccination were not quite so futile as Dr. R.

wishes to make them appear. There are other topics, however, in his paper, which demand notice.

In my former article I said, that I believed that most of the cases of smallpox after cowpox were owing to imperfect vaccination. I endeavored to support this opinion by a comparison of the facts that have occurred in Boston in relation to the smallpox, with those that are continually occurring in the country towns. In the former, though one or more persons have arrived every year with the smallpox, the disease has not for the last twenty-five years been communicated to an individual who has been vaccinated, while in the country it has been communicated, in almost every instance where it has appeared, to one or more who have been vaccinated. I explained this by supposing that in Boston vaccination is performed with great care, while in the country it has been too often entrusted to ignorant itinerants and pretenders. Without denying my statement, Dr. R. says, "These facts, however, when viewed in their true light, lead to a very different result. The truth is, that whenever a case of this disease (smallpox) has been among us, most, if not all, who have been exposed, have been induced to be *re-vaccinated* in order to be on the safe side." I have no hesitation in pronouncing this statement to be incorrect. I do not deny that re-vaccination has in some instances been practised, but I do know of the occurrence of smallpox among us, where the vaccinated, who had been exposed to it, (and who amounted to several hundreds,) were considered as safe as those who had before had the smallpox, and were

not re-vaccinated, and not an individual took the disease.

The first case which I shall mention occurred about twenty-three years ago in Newbury St. The patient's name was Clark. He had the smallpox with great violence; many visited him before he had had medical advice and the nature of his disease was known, and those only were vaccinated who were not protected by the smallpox or the cowpox. I have this from the physician who attended, and who assures me, that not a case of smallpox occurred from exposure to this individual.

The second case came under my own observation about ten years since. A black woman went to see her husband, on board the Frigate Congress, which had just arrived at the Navy Yard. The smallpox was on board. At the usual period she sickened, and was afterwards covered with an eruption. No physician was called till the eruption had been out several days, and during her whole sickness she had been visited freely, in a small, badly ventilated room, by all her neighbors and acquaintances. When I saw her I had but little doubt about the disease, and she was afterwards visited by the late Dr. Hayward and Dr. Welsh, and under the direction of the latter gentleman, who was then Resident Physician of the Board of Health, she was removed to Hospital Island, where she recovered. I informed the persons in the neighborhood that I would vaccinate gratuitously any who had been exposed to take the disease, if they had not been before vaccinated or had not had the smallpox; and I did vaccinate a very considerable number; but

I am confident that none were vaccinated who had before had the cowpox, and yet the smallpox was not communicated to an individual.

The third case was that of two children, who broke out with the smallpox about five years since, in Hatter's Square, a few days after their arrival from New-York. Many were exposed to them; there was a school, in the room directly opposite, of forty small children, yet no one took the disease; and the physician who attended is confident that none were re-vaccinated.

The fourth case is more recent, and occurred at the Marlborough Hotel in May, 1827, in an individual who arrived there from Halifax, and who was shortly after seized with the smallpox. Dr. Raulall, the attending physician, informs me, that none of the members of the family, nor any individual in the house, who had had cowpox, was vaccinated, and yet the disease was not communicated.

The fifth case, and the last that I think necessary to bring forward, is that of Mr. Blackstock's son, who broke out last winter with smallpox or varioloid, (for I believe it was somewhat uncertain which,) in Kneeland Street, on his return from New-York. The eruption appeared as early as Monday, but no measures of precaution were taken till the Saturday afternoon following. During the whole week all the members of the family and some individuals out of it, freely and frequently visited the patient in his room; the children went to school as usual, without any measures being taken to prevent the contagion from being conveyed in their clothes; no members of the

family had any other protection than what vaccination afforded, except the parents, and yet no one took the smallpox. This case is as strong a one as can well be imagined, if we regard the season of the year, when our apartments are usually badly ventilated, the extensive eruption, and the age of those who were exposed, for there is no doubt, I presume, that the young are more liable to be affected by contagion than the old.

These cases might be multiplied, but they are sufficient to show that Dr. Robbins must resort to some other explanation than that of re-vaccination to account for the protection of all the individuals who have been exposed to smallpox in this city since the introduction of vaccination. If his theory were true, that one in twenty can have the cowpox a second time, or the smallpox after cowpox, there would have been at least twenty cases of smallpox from exposure to the individuals mentioned in the five cases above.

And is it not true that when a case of smallpox occurs in the country, it excites more alarm than the same occurrence in Boston? And might we not fairly conclude, that under such circumstances, they would resort to re-vaccination there as well as here, if this were the common practice of medical men? But I will admit, for the sake of the argument, though I know it is not the fact, that when cases of this kind occur, re-vaccination is always resorted to; still it proves nothing, unless it can be shown that the second vaccination takes effect; for if this be not the case, it is obvious that the immunity from smallpox is derived entirely from the first vaccination, and Dr.

R. does not even attempt to show that the second vaccination in these cases was successful.

But there is another part of the same paragraph from which I have quoted that is more remarkable still. "In the course of the past winter," says Dr. R., "a case of varioloid broke out in the Massachusetts General Hospital. Every inmate of the institution was re-vaccinated; and on the arm of the girl who watched with the patient the night before his removal to Rainsford Island, the vaccine vesicle was regularly formed, and on the eighth day was properly distended with limpid fluid." Now I ask the reader, if it be not intended by this sentence to intimate that the girl who watched with the patient had been before vaccinated, was now successfully re-vaccinated, and thus probably protected from the smallpox. It certainly conveys this idea to my mind; I hope that I am not uncharitable to Dr. R. in thinking that he intended to convey this, and yet there is not a shadow of foundation for it. *This girl had many years before had the smallpox*, marks of which she still has, was never vaccinated till that time, and then did not have the cowpox.\* I know not how to express my astonishment that a statement of this kind should be made, as it is not only entirely groundless, but can so easily be proved to be so.

With regard to the other part

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\* The most important part of this statement is corroborated by the following certificate from the House Physician of the Hospital:

"Mrs. Mahan, who watched with Mr. Crane the night before his removal, had had the smallpox by inoculation many years before in Ireland, as she stated to me.  
JOHN B. S. JACKSON."

of the statement respecting the case of varioloid in the Hospital, it is true that all or nearly all the inmates of the establishment were vaccinated without delay, those as well who had had the smallpox or the cowpox, as those who had had neither; and this was done, because it was easier, where all the individuals were together, and where there was abundance of fresh matter at hand, to vaccinate all, than to examine and investigate each one's previous vaccination or inoculation. But what was the result of all this? That the cowpox was not communicated to a single person who had before had that disease or the smallpox.\* There was one person, to be sure, on whose arm there were vesicles, but these had not the characters of the genuine disease; the patient had no constitutional symptoms, no areola formed around the vesicles, and suppuration took place in them by the seventh day. The case was considered spurious by the physician.

Before I conclude this part of the subject, I must not omit to advert to Dr. R.'s want of candor in representing throughout his article, that I attributed all the cases of varioloid to imperfect vaccination. He does not say this in so many words, but that is the impression he conveys in several places. It is hardly necessary for me to deny this to those who read my first article, in which I remarked, that "I do not mean to say, that those who have had the genuine cowpox can never take the smallpox." This language is certainly explicit enough, and no one, who reads with any care,

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\* See Dr. Channing's paper in No. 18 of this Journal.



could, I should think, mistake my meaning. And yet Dr. R. brings forward an array of authorities from the Edinburgh Review down, to show that the varioloid may sometimes occur after genuine vaccination, as if I had asserted the contrary.

There are one or two other points in Dr. R.'s paper that must not be passed over in silence. "If the scar," says he, "is said to be the criterion, the dilemma remains the same, for it can only be judged of long after the operation." This objection, allowing it all the weight possible, might be easily removed, if physicians would adopt the practice of giving certificates, in all cases of successful vaccination. These certificates could surely be preserved till the scar was perfectly developed.

Dr. R., with the view apparently of giving a sanction to this theory of re-vaccination by the authority of distinguished names, says, "see letters of Drs. Chapman and Jackson, &c. &c. referred to in the National Intelligencer." I should be very happy to see these letters, and I am confident they would establish the fact, that these gentlemen re-vaccinated either to test the former vaccination or to remove the doubts of the patients or their friends, and not because they supposed that it was necessary for the system to undergo the disease more than once to protect it from small-pox. But these letters have never been published as I can ascertain, but merely referred to by Dr. Sewall as a proof that these gentlemen sometimes re-vaccinated. I hope Dr. R. did not know this when he wrote the sentence I have quoted.

I have already occupied so much space that I am unwilling to trespass further. But I cannot forbear making a short reply to the second part of Dr. R.'s answer contained in the 17th No. of this Journal, and which is confined to two topics. 1st. To the objections which I made to his remarks respecting the influence of cutaneous diseases in preventing the effect of cowpox. I have only to observe that if he abandons the ground he first took, I am satisfied; and if he does not, he places his authority against that of Jenner and Gregory, and the profession must decide to which they will submit. Almost every man, I have no hesitation in saying, who is much in the habit of vaccinating, has frequently witnessed the influence of the diseases of the skin over cowpox. It is a point that hardly admits of an argument, resting as it does on facts alone, an immense number of which could be brought forward to establish it.

2d. Dr. R. objects to my opinion of the character of the vaccine vesicle. I believe it to be a local disease till the limpid virus is formed in it, and that the protection of the system is from the absorption of this virus. He does me wrong in supposing that I should adopt this opinion or any other, so general in its nature, from an insulated fact. The idea was first suggested to me by the late Dr. Barton of Philadelphia, in 1812, while I was pursuing my studies under his direction. He stated to me, that in several instances he had vaccinated a number of persons in a family; the disease had gone on in all till there was formed in the vesicles virus that was capable of communicat-

ing the disease ; that the vesicles on the arms of some of them became irritated in a high degree, from rubbing or some other cause, while the disease went its usual course in the others. That he afterwards inoculated them all with the smallpox, that those took it uniformly, whose vesicles had been irritated, while those as uniformly resisted it who had had the disease in an uninterrupted manner.

These facts are stronger to my mind in favor of the opinion I have advanced than all the reasoning in the world on the subject, and I am therefore unwilling to extend this article further by entering into a discussion. I must say however that I still think the analogy on this point between cowpox and syphilis to be very strong, while I cannot perceive the slightest difference between cowpox on the one part and scarlatina and measles on the other, when I consider the mode of communication of these diseases.

The following extract from Dr. Cross's work on the varioloid disease at Norwich, has an important bearing on this point as well as on the question of the influence of diseases of the skin over cowpox.

"My own experience," says he, "has not afforded me any explanation of the vaccinated taking modified smallpox, beyond the probability of its depending upon incomplete vaccination, and the table which I have given of 500 individuals who presented themselves to be vaccinated, shews that incomplete cases of the disease, from rubbing, accident or other cause, will, amongst the poor at least, happen in as great a proportion as modified smallpox in those who are subsequently ex-

posed to the variolous contagion. Abstracting ichor carelessly from a patient who has only a single vesicle may be one, but is far from the only cause. Besides interrupting the vesicle by rubbing or the extraction of too much ichor, there are numerous other causes which may interfere with the progress of the vaccine pock, and which may be disregarded at the time, or subsequently in the absence of a register entirely forgotten, as—diseases preoccupying the system on the surface of the cutis, eruptions, scald-head, teething, prevailing contagious disease, &c."

Having thus defended as well as I could in a short time my objections to re-vaccination, I have but a word or two more to add. Dr. R. in more than one place I think speaks of this proposal for re-vaccination as being a blessing to the community, if it should be adopted. He does not seem to be aware of the increased expense which it would occasion (which is no trifling consideration with the great mass of society), and the endless trouble, both to patient and physician, which this blessing would bring with it. Admitting it to possess all the advantages he claims for it, I am confident it would never be extensively practised, and that it would be better to go back to the inoculation of the smallpox, taking its greater certainty as an offset for its greater danger. But neither of these measures I feel certain is necessary, and if I have not made it appear, that his proposition rests on no stable foundation, the fault is in me, and not in the cause which I maintain.

*Boston, June 16th.*



## II.

## SELECTIONS FROM FOREIGN JOURNALS.

*On the Tic Douloureux.* By SIR HENRY HALFORD, Bart.

SIR HENRY HALFORD having politely given us the permission to lay before the readers of the *Gazette* an account of his interesting observations upon this subject, we subjoin a pretty full analysis of the paper read at the College of Physicians on Monday last, in which, strong evidence will be found in support of the position which it was the object of the learned President to establish—namely, that tic douloureux is frequently connected with, and dependent upon, an affection of the bone.

He observed, that the severest form of the disease was that which occurred in the 5th pair of nerves, and that it might be distinguished by its intensity from the milder species affecting the nerves of the extremities, or other parts, and which often depends upon impaired digestion. The latter, for the most part, yields to general remedies; the former seldom does so. The fact of the division of the nerve, and cutting off its communication with the brain, so frequently failing to cure the disease, was mentioned as sufficiently proving that the seat of the pain is not always the seat of the disease; and the unsatisfactory nature of all the pathological explanations hitherto proposed was briefly alluded to.

“May I venture (said Sir Henry) to throw out an opinion, founded on the observations with which my experience has furnished me, that the disease is connected with some preternatural growth of bone, or a deposition of bone in a

part of the animal economy where it is not usually found, in a sound and healthy condition of it, or with a diseased bone?

“The following cases have occurred to me, and seem to give a degree of probability to this surmise; and I throw it out for the consideration of the profession, in order that a number of facts may be collected, from which a safe inference can at length be drawn.

“A lady, 40 years of age, suffered under the violent form of tic douloureux, at Brighton, notwithstanding the careful attention and skill of a very judicious physician there. On returning to town, it was observed that the rending spasms, by which the disease is marked, were frequently preceded by an uneasiness in one particular tooth, which exhibited, however, no signs of unsoundness; but the constancy of this symptom was enough to justify the extraction of the tooth in this instance, (though the failure of this expedient to afford relief in general does not encourage recourse to the operation,) and on its being drawn, a large exostosis was observed at the root of the tooth, and the lady never suffered more than very slight attacks, and those very seldom, afterwards.

“The D. of G. was attended by Dr. Baillie and myself, for six weeks under this disease, in its most marked and painful form, without deriving benefit from our prescriptions. At length we thought it best to advise him to repair to the sea-coast, in hopes of renovating his shattered system by taking bark there. After he had sojourned a month by the seaside, a portion of bone exfoliated from the antrum highmorianum, and the D. recovered immediate-

ly, and has never suffered the disease since. The bone had been hurt, probably, by a fall from his horse, which the D. had met with some months before.

"The late Earl of C. underwent martyrdom by this disease, and excited the warmest sympathy of his friends by the agonies he sustained for many years. He submitted to the operation for the division of several branches of the 5th pair of nerves repeatedly, by Sir Everard Home and by Mr. Charles Bell, without obtaining more than mere temporary relief. At length he was seized by apoplexy, and lay insensible for some days, and in great peril from the attack, but finally recovered. After the apoplexy, the paroxysms of the *tic douloureux* became less frequent and less severe, and were administered to satisfactorily by an ingenious physician, who wrote his inaugural exercise on the disease. For the last year or two of his life, his lordship had ceased to suffer from the tic, and died at an advanced age, without any marked malady. His head was not examined after death, and therefore we are left to conjecture only what might have been the immediate cause of his former sufferings. Whilst I attended him, he underwent repeated exfoliations of the alveolar processes of the teeth, which I thought occasioned his torment; and to account for the cessation of the complaint, I supposed that these efforts to throw off diseased portions of bone might have ceased, or that the apoplexy had disqualified the nerves for suffering so exquisitely; but there might have been besides, as some later instances have made probable, disease in the bones of the head.

The late Dr. P. fell a sacrifice to this dreadful disease, after sustaining its tortures for some years, with a constancy which attracted all our pity and esteem, and died at last under apoplexy. No assistance which the experience of any of us could afford him, gave him relief, or controlled the violence of his attacks. On examining his head after death, there was found an unusual thickness of the *os frontis*, where it had been sawn through above the frontal sinuses, and at its juncture with the parietal bones. There was discovered also on the falciform process of the dura mater, at a little distance from the *crista galli*, a small osseous substance about  $\frac{3}{8}$  of an inch in length, rather less in breadth, and about a line in thickness. The vessels of the pia mater were turgid with blood, and about an ounce of fluid occupied the ventricles. I lamented that the frontal sinus had not been examined, for I remember he replied to a question which I once put to him, as to his ever having experienced any suppuration within any bony cavity, that he had twice suffered suppuration in the frontal sinuses. Dr. P. had submitted, with great patience, to a division of several branches of the 5th pair of nerves, under the judicious operation of Sir A. Cooper, who, on my mentioning to him the notion I entertained of the cause of *tic douloureux*, was so obliging as to show me the skull of a person who had died of this disease in the country. The internal surface of the frontal bone is a perfect rock work."

All the preceding cases had fallen under Sir Henry's own observation, and he added one communicated to him by a physician

of high character, in which a lady suffered from this complaint for nearly ten years, and at length died of apoplexy. An enormous thickening of the frontal, ethmoidal, and sphenoidal bones was found; there was also general thickness of the cranium, but not to so great an extent.

In these instances, there certainly is every reason to believe that the preternatural condition of the bones had proved the exciting cause of the disease: but, as the learned President observed, there are other cases in which no such immediate cause of irritation can be discovered, so that it is probable that the nerves, in these, are affected by sympathy with various parts. Several examples were mentioned in illustration; among others, that of a boy, 11 years of age, in whom a dose of rhubarb was followed, three different times, by an epileptic fit; and that of a lady, in whom the same medicine produced severe strangury, which she stated to be the constant effect of that medicine on several of the members of her family. Sir Henry also alluded to the disturbance sometimes produced by an issue, mentioning that Dr. Darwin was once called to a young lady laboring under epilepsy; finding that she had an issue on the arm, "without one word of remark, he filiped the pea from its place, and the young lady never experienced an epileptic attack afterwards."

*London Med. Gazette.*

*Example for leaving the Body for Dissection.*

We have been favored by our Dublin correspondent with the following document, which has just been solemnly prepared in

the University School of Anatomy in the Irish metropolis. A solitary individual, leaving his body for dissection, as we mentioned in our leading article last week, has been only looked upon as a mark of eccentricity: but the example of a body of men is perhaps calculated to have a different effect upon the public mind—marking, as it unequivocally does, their zeal, sincerity, and disinterestedness. We hope to return to the subject next week, and to lay before our readers some thoughts on the disposal of the dead. Meanwhile we subjoin the document alluded to.

"We, whose names are hereunto affixed, being convinced that the study of anatomy is of the utmost value to mankind, inasmuch as it illustrates various branches of natural and moral science, and constitutes the very basis of the healing art; and believing that the erroneous opinions and vulgar prejudices which prevail, with regard to dissection, will be most effectually removed by practical example; do hereby deliberately and solemnly express our desire that, at the usual period after death, our bodies, instead of being interred, should be devoted, by our surviving friends, to the more rational, benevolent, and honorable purpose of explaining the structure, functions, and diseases of the human body."

Signed by JAMES MACARTNEY, M.D. F.R.S., Professor of Anat. and Surg. Trin. Col. Dublin, and above 50 others.

The paper lies for signature at Dr. Macartney's Museum, and it is not intended to be exclusively confined to medical men.

*Ibid.*

*Herpes cured by Hydrocyanic Acid.*

A woman, aged 50, who was affected with herpes on the genital parts, accompanied with extremely painful itching, was completely cured by Dr. Schneider, in the space of fifteen days, by the topical employment of an alcoholic solution of Prussic acid, used in the proportion of from a drachm and a half to two drachms, in six ounces of alcohol. This physician obtained the same result from the acid in the case of a woman four-score and four years of age, in whose case it was employed in the same proportion, diluted with rosewater instead of alcohol. He likewise relates three other cases, in which the same remedy succeeded in curing the disease.—*Hufeland's Jour.*

*Amputation of the Thigh, at the Hip Joint.*

This formidable operation has now been performed several times, and with success too. In the present case, however, the patient died a few days after. The operation was performed by M. Roux, on a young man, 17 years of age, who was affected with a fungous tumor of the periosteum of the upper part of the femur. The femoral artery was first tied below the Fallopian ligament; then two flaps were formed, and the femur dissected from its articulation with the pelvis. Nothing remarkable was found in the examination of the body; the cotyloid cavity and the coxo-femoral articulation were healthy.

*Nouv. Bibl. Med.*

*Extirpation of the Womb.*

Dr. Blundell performed one of the boldest operations that ever was attempted, on the 19th of

February last. This consisted in the complete extirpation of the uterus, *per vaginam*. The patient was fifty years of age, and had ceased to menstruate. She was affected with cancer of the womb. Very little blood was lost in the operation, and no ligature was applied. We find from *The Lancet*, that the patient, up to the sixteenth day, had not a single untoward symptom. There had been, throughout, very little discharge from the part, and the wound was healed to within the extent of a shilling; the woman was free from pain, she slept well, and her appetite was good.

*Lon. Med. Repos.*

*Critical Plica Polonica.*

A woman had, for ten weeks, been affected with very violent headache. The head perspired abundantly, and was covered with lice, although the patient was very cleanly in her habits. At length the disease termed plica polonica was completely formed, and the headache disappeared. In leaving her bed, she happened to place her naked feet upon the floor. Shivering succeeded, followed by furious mania. The muscular powers were considerably increased; the eyes fierce, with turgid conjunctiva; the pulse was hard and full. Free bleeding was had recourse to; the head was rubbed with soapy and aromatic embrocations; blisters were laid upon the neck, and sinapisms applied to the feet. Two grains of calomel were also given every two hours. During the first two days of this treatment, the symptoms were somewhat abated. On the third day, the bowels were very freely opened, and diarrhœa was established. Eighth-

ty-five grains of calomel had been administered. She was now directed to take the liq. ammon. succin. every two hours. Profuse perspiration was again produced upon the head, and a fresh stock of vermin appeared. From this time the delirium and headache ceased. The patient has subsequently remained in good health.—*Hufeland's Jour.*

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BOSTON, TUESDAY, JULY 1, 1828.

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BOSTON MEDICAL DISPENSARY  
REPORTS.

For the Month of May, 1828.

DURING the first thirteen days the weather was clear, pleasant, and for the most part warm, with the interposition of a slight rain on the 3d. A storm commenced on the 14th, which continued, with some relaxations and changes, until the close of the month; the temperature of the air and the face of the sky were very changeful.

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NORTHERN DISTRICT.

Whole number of cases, 74. Of

Abortus	-	-	2
Arthrosia chronica	-	-	2
Bex convulsiva	-	-	3
Catarrhus communis	-	-	5
Cauma	-	-	8
Cephalæa gravans	-	-	1
Cephalitodes ebrius	-	-	2
Cholera	-	-	2
Contusio	-	-	4
Diarrhœa	-	-	3
Dysenteria	-	-	1
Dyspepsia	-	-	4
Eczema	-	-	1
Epilepsia irritata	-	-	1
Helminthia alvi lumbricoides	-	-	2
Herpes labialis	-	-	1
Hydrops cellularis	-	-	1
Hysteria	-	-	2
Icterus cholæus	-	-	1

Icterus spasmodicus	-	-	1
Odontia dentitionis	-	-	1
Ophthalmia glutinosa	-	-	1
Paramenia obstructionis	-	-	3
do. superflua	-	-	1
Parturition	-	-	3
Peromelia contorta, plauta	-	-	1
Phlegmone	-	-	4
Pleuralgia chronica	-	-	1
Pleuritis	-	-	2
Pneumonitis notha	-	-	1
do. vera	-	-	1
Polypus plasticus	-	-	1
Struma	-	-	2
Synochus	-	-	1
Ulcus	-	-	2
Varicella	-	-	1
Vulnus laceratum	-	-	1

Of these cases 51 were females, 23 males. 45 cases occurred among adults, 29 were under puberty.

The cases of cholera presented themselves at the beginning of the month, and were more severe than are generally seen at this season. The cases of cauma were severe, and well marked, and generally appeared to arise from gastric or hepatic irritation. If seen at an early stage, a powerful emetic of antimony, followed the next day by calomel and rhubarb, broke up the disease on the third day. If not early attacked by medicine, the febrile symptoms continued from eight to eleven days, and left the patient considerably reduced by weakness.

J. W. MCKEAN.

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EASTERN DISTRICT.

The number of cases was 79: of these, 4 were vaccinia, and 9 were puerperal; 79—13=66 cases requiring medical or surgical treatment. Of

Abortus	-	-	1
Anetus quotidianus	-	-	1
do. tertianus	-	-	2
Arthrosia acuta	-	-	2
Bex convulsiva	-	-	8
Blenorrhœa simplex	-	-	1

Caries - - - -	1
Catarrhus - - - -	5
Causis - - - -	1
Cephalitodes ebriosus -	1
Cholera biliosa - - -	1
Contusio - - - -	2
Diarrhœa - - - -	1
Exangia varix - - -	2
Gastritis - - - -	3
Helminthia alvi lumb. -	1
Hepatitis chronica - -	1
Leucorrhœa communis -	1
Lichen circumscriptus -	1
Marisca cruenta - - -	1
Ophthalmia glutinosa -	1
Paramenia difficilis -	1
do. suppressio - - -	2
Paronychia - - - -	1
Peritonitis - - - -	1
Phthisis apostematosa -	2
Pityriasis rubra - - -	1
Pleuritis - - - -	1
Pneumonitis vera - - -	4
do. notha - - - -	2
Porriga galeata - - -	1
Rachialgia venenata - -	1
Scabies complicata - -	1
Struma - - - -	1
Synochus - - - -	8
Ulcus - - - -	1

The patients under puberty were .38; adult females furnished .43 of the cases of acute disease.

0.4 of the medical cases were of bronchial or thoracic disease.

The cases of synochus might be better entitled gastro-enteritis, were this allowed by the adopted system of nomenclature. The disease was a subacute inflammation of the mucous coat of the stomach and bowels, in two instances complicated with slight inflammation of the encephalon. In the cases which came under treatment at an early stage, the inflammation seemed to be limited to the stomach and duodenum; and, after free evacuations by vomiting and purging in the first twenty-four hours, it was reduced by subjecting the patient to an "absolute diet," or total abstinence from food of whatever description; when this was submitted to, all medicines were with-

held. In some cases external irritation by sinapisms or blisters was employed. The average duration of the disease in these cases, was less than seven days.

The pulmonic disorders, and particularly the whooping cough, were much more mild than they were in the preceding month.

J. G. STEVENSON.

#### MIDDLE DISTRICT.

Whole number of cases, 52. Of

Abscess - - - -	5
Abortio - - - -	1
Ague tertian - - - -	2
Arthrosia - - - -	5
Catarrhus - - - -	5
Cephalœa - - - -	1
Colica pictonum - - -	1
Contusio - - - -	2
Dysenteria - - - -	3
Dyspepsia - - - -	8
Hæmoptysis - - - -	1
Herpes zoster - - - -	1
Orchitis - - - -	1
Otitis - - - -	1
Parotitis - - - -	2
Pertussis - - - -	3
Pleuritis - - - -	2
Pneumonitis - - - -	3
Psoriasis - - - -	1
Puerperal - - - -	2
Ulcus vitiosum - - -	1
Vulnus - - - -	1

The cases of pulmonary inflammation included in the above, were of considerable severity, and required very active measures in their treatment. The influence of atmospheric irritation in exciting and maintaining disease of the lungs, seems to have been as great during the past months, as in either of the two which preceded it. On the other hand, one of the cases of dysentery reported evinced something of that severe character and disposition to relapse by which the disease is usually characterised at a much later season.

The case of *shingles* occurred in an individual who had confirmed



phthisis, for which he had been frequently vesicated. The eruption formed a semicircle only, bounded by the linea alba and the spine, and affecting that side where the blisters had been most often applied. The natural course of the disease was encouraged, in the hope that it might exert a favorable influence on the pulmonary symptoms. It did not appear to do so.

E. G. DAVIS.

WESTERN DISTRICT.

Whole number of cases, 43.	Of
Apostema - - -	1
Arthrosia acuta - - -	2
do. nodosia - - -	1
Bex convulsiva - - -	5
Causis - - -	1
Cephalæa naus. - - -	2
Cholera biliosa - - -	1
Contusio - - -	1
Diarrhœa - - -	1
Dysenteria - - -	1
Emp. pleuritis - - -	2
Emp. pneumon. notha - - -	6
E. synochus - - -	4
E. typhus - - -	1
Helminthia - - -	1
Herpes labialis - - -	1
Hydrocephalus - - -	1
L. emesis - - -	2
L. dyspepsia - - -	1
Lues syphilis - - -	1
Odont. dentit. - - -	1
Parturitio - - -	1
Paramen. retent. - - -	1
do. superfl. - - -	1
Phymosis - - -	1
Sublux. humeri - - -	1
Ulcus - - -	1

J. H. LANE.

SOUTHERN DISTRICT.

Whole number of cases, 62.	Of
Alusia - - -	1
Arthrosia acuta - - -	2
do. chronica - - -	2
Bex convulsiva - - -	1
do. humida - - -	1
Bronchitis - - -	2
Cephalæa spasmodica - - -	1

Colica ileas - - -	1
Dysenteria - - -	1
Dyspepsia - - -	2
Erythema erysipelatosum - - -	3
Exormia lichen livid. - - -	2
Exostosis - - -	1
Fistula lachrymalis - - -	1
Hæmoptysis - - -	1
Helminthia - - -	6
Hepatitis chronica - - -	2
Icterus cholæus - - -	8
Ophthalmia acuta - - -	1
do. chronica - - -	1
Paramenia obstructio. - - -	2
Phthisis - - -	1
Pleuritis - - -	2
Pneumonitis - - -	3
Porrigio galeata - - -	1
Scabies papularis - - -	5
do. purulenta - - -	1
Struma vulg. - - -	2
Sypspasia convulsio - - -	1
Systremma gast. - - -	1
Ulcus - - -	1
Urticaria - - -	1
Vaccinia - - -	1

Males, 22 : over 15, 12 ; under 15, 10. Females, 40 : over 15, 30 ; under 15, 10.

CHARLES T. HILDRETH.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending June 20, at noon.

June 14.	Thankful Gardner,	20 yrs.
	George Edward Waters,	20 mo.
	Martha Griswold,	34 yrs.
15.	Moore Knapp,	29
	Joseph C. Savage,	29
	Abraham Becket,	75
	Eliza C. Shattuck,	38
16.	Mary Whiting,	49
	Eliza Ann Cobb,	7 mo.
	Phebe Ann Vila,	2 yrs.
17.	Sally S. Brewer,	35
18.	William Randall, jr.	3 mo.
	Mary Hammett,	63 yrs.
	Nathaniel Norcross,	60
	Eben. Tarbell,	68
20.	James O. Cook,	16 mo.
	Jesse Richards,	45 yrs.

Accidental, 1—consumption, 4—convulsions, 1—delirium tremens, 1—dropsy in the head, 1—gravel, 1—hooping-cough, 2—hectic, 1—intemperance, 1—lung fever, 1—nervous fever, 1—unknown, 1. Males, 9—females, 8. Stillborn, 3. Total, 20.

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C. W. returns his grateful acknowledgment to the Physicians, his friends and the public, for their liberal support, and hopes by strict personal attention to Physicians' Prescriptions, the compounding and delivery of Medicine, to have a continuance. April 22.

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Boston, June 1, 1828.

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